FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713758 (1)

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, INC.

Principal Place of Business	Mailing Address
130 S. PENNSYLVANIA AVE. P.O. BOX 1227 LAKE ALFRED FL 33850	130 S. PENNSYLVANIA AVE. P.O. BOX 1227 LAKE ALFRED FL 33850

3. Date Incorporated or Qualified: 12/07/1967
3a. Date of Last Report: 05/01/1995
4. FEI Number: 71-3758631 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25 Polk	Zip 29 / Country 30 Polk

9. Name and Address of Current Registered Agent

COOLEY, JOAN A
4613 PALMETTO DR
~~PO BOX 1205~~
~~LAKE ALFRED FL 33850~~
WINTER HAVEN 33881

10. Name and Address of New Registered Agent

81 Name: Joan A. Cooley
82 Street Address (P.O. Box Number is Not Acceptable): 4613 Palmetto Dr.
83
84 City: Winter Haven, FL 85 Zip Code: 33881

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Joan A. Cooley Joan Cooley, Treasurer May 9, 1996
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, STEVE 530 W CUMMINGS ST LAKE ALFRED FL	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Hugh Moore SD 277 Century Dr. Winter Haven, FL. 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COBB, LOUIE 220 W PARK LANE LAKE ALFRED FL	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Jimmy Brooks PD 4504 English Ct. Bartow, FL. 33830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, CALLIE 1730 HWY 92 W WINTER HAVEN FL	XX DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Mary Belle Kent DV 111 WGTO Tower Rd. Polk City, FL. 33868	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COOLEY, JOAN A 4613 PALMETTO DR ~~LAKE ALFRED FL~~ WINTER HAVEN, FL 33881	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TD Cooley, Joan A 33881 4613 Palmetto Dr., Winter Haven, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900001875429 -06/25/96--01141--003 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	6-25-96 JM	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan A. Cooley 5/9/96 (941) 956-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)